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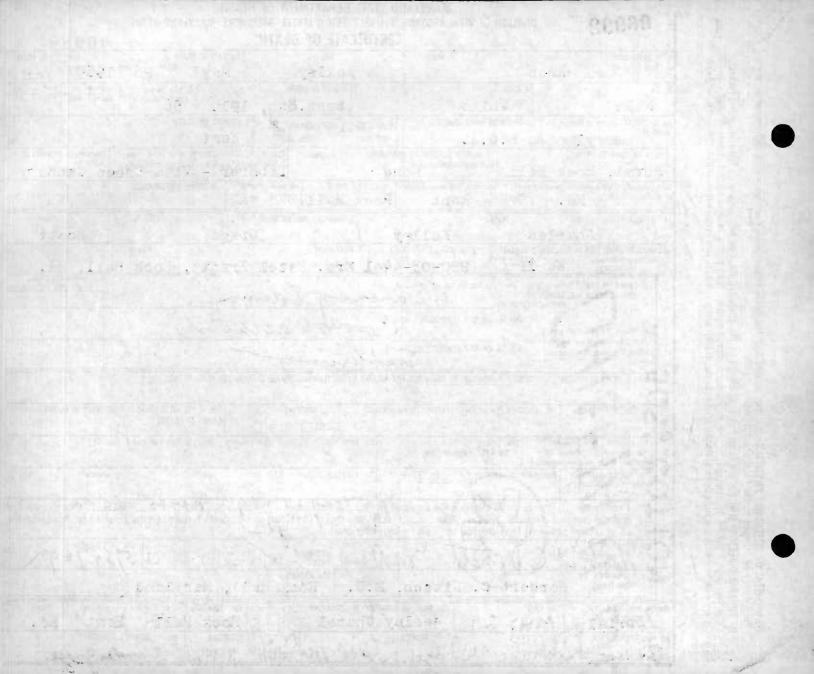
06990	DIVISION OF VITAL RECORD			0000
	First Middle		20. DATE OF DEATH	16986
(Type or print) Ann	a Bell	Elliott		
3. SEX	4. RACE			IF UNDER 1 YEAR IF UNDER 24 HRS.
Female	Negro		last birthday)	MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED WEVER MARRIED	9. COUNTY OF DEATH	
Virginia	U.S.A.	WIDOWED DIVORCED	Kent	Md
10. CITY OR TOWN OF DEATH Chestertown	give street oddress) Ken t &	Queen Anne's during m	AL OCCUPATION (Kind of work done ast of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	ceased lived, if institution: Residence befo	re 13c. CITY OR TOWN 13d INSIDE CITY L	TOOL STREET THIS HOMBER	
Md.	Queen Anne	s Millington YESK N) — ————	
14. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME F	irst Middle	Last
James			ce	Randall
16a. WAS DECEASED EVER IN U.S. Yes, no. or unknown) (If yes o	nive war or dates of service)		Address	
	196-26-6		t, Millington	
18. CAUSE OF DEATH (Enter	r anly one cause per line far (a), (b), and	(c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
	REDIATE CAUSE (a) Abdo	umal Carcinon	12705150	Bru.
1130		OF .		
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stoting the underlying cou	DUE TO, OR AS A CONSEQUENCE	OF .		
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(0)	
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FICA			CAUSES OF DEATH?	ONSIDERED IN CERTIFIING
21a. ACCIDENT WAS UNDER			noture of injury in Part 1 or Part 2	Item 18)
OR CONTRIBUTING CAUSE OF		ar	v. mjerj at rum r ur rum Z,	10.,
21d. INJURY OCCURRED 2			City ar Town	County State
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sow the deceosed	olive on	1969 ond that in (my) (our) opi	nion deoth occurred on the do	te ond hour ond from the
couses stated abo	ove, (I) (we) (did) (did not) view th	e body offer deoth.		
220. SIGNATURE	1	DECREE ATTENDING N	ED. STAFF 22c. I	DATE SIGNED
224 PHYSICIAN'S	1 cery	DEOKEL PHYS. 4	RECTOR L PHYS. L	
	Keefe. M.D.		m. Md. 21620	
				(Caunty) (State)
24. FUNERAL DIRECTOR	ADDRE	SS 2Sa. REC'D B		
Edward Fellows	& Son, Millingt		2.01	les Judge.
	1. DECEASED-NAME (Type or print) 3. SEX Female 7a. BIRTHPLACE (Stote or foreign country) Virginia 10. CITY OR TOWN OF DEATH Chestertown 13a. USUAL RESIDENCE (Where de odmissian) 14. FATHER'S NAME First James 16a. WAS DECEASED EVER IN U.S. Yes, no. or unknown) 18. CAUSE OF DEATH (Entername of the part I. DEATH WAS CANDER OF DEATH (Entername of the part I. DEATH WAS CANDER OF DEATH (Entername of the part I. DEATH WAS CANDER OF THE OWN OF THE OWN OF THE OWN	DIVISION OF VITAL RECORD 1. DECEASED-NAME (Type or print) Anna Bell 3. SEX Female 7a. BIRTHPLACE (Stote or foreign country) Virginia 10. CITY OR TOWN OF DEATH Chestertown 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence belondmission) STATE Md. 14. FATHER'S NAME First Middle Lost 15a. USUAL RESIDENCE (Where deceased lived, if institution: Residence belondmission) STATE Md. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 17b. CITY OR OWN OF DEATH Chestertown 17c. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE of institution in the underlying couse list. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS 21d. MIJURY OCCURRED While Of INJURY (AT HOME FARM, STREET, While of INJURY and Work of the deceased olive on couses stated above, (1) (we) (did) (did not) view the couses stated above, (1) (we) (did) (did not) view the property of the property o	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH 1. DECEASED-NAME (Type or print) Anna Bell Elliott 3. SEX 4. RACE SOLATE OF BIRTH Jul 24, 188 7a. BIRTHPLACE (Stote or foreign country) Virginia 10. CITY OR TOWN OF DEATH Chestertown 11. NAME OF HOSPITAL OR INSTITUTION FOR WHAT COUNTRY? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN Offices) 13d. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN Offices) 13d. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN Offices) 13d. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN Offices) 13d. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN Offices) 13d. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN Offices) 13d. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MOBILE (William of Institution: Residence before 13c. CITY OR TOWN 13d. MOBILE (William of Institution: Residence before 13c. CITY OR TOWN 13d. MOBILE (William of Institution: Residence before 13c. CITY OR TOWN 13d. MOBILE (William of Institution: Residence before 13c. CITY OR TOWN 13d. MOBILE (William of Institution: Residence before 13c. CITY OR TOWN 13d. MOBILE (William of Institution: Residence before 13c. CITY OR TOWN 13d. MOBILE (William of Institution: Residence before 13c. CITY OR OWN 13d. MOBILE (William of Institution: Residence before 13c. CITY OR TOWN 13d. MOBILE (William of Institution: Residence before 13c. CITY OR TOWN 13d. MOBILE (William of Institution: Residence before 13c. CITY OR TOWN 13d. MOBILE (William of Institution: Residence before 13c. CITY OR TOWN 13d. MOBILE (William of Institution: Residence before 13c. CITY OR TOWN 13d. MOBILE (William of Institution: Residence before 13c. CITY OR TOWN 13d. MOBILE (William of Institution: Residence before 13c. CITY OR TOWN 13d.	DECEASED-NAME (Type or primit) Anna

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1 2	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		ECEASED-NAME Type or Print) James Archie Gland Lost 20. DATE KNOWN Month Doy 3 Feor 12b. HOU OF ESTI- DEATH MATED MCC4 24 19
and 3	3. 5	EX Male. 4. RACE Colored 6/20/26 6. AGE (In years legt birthday) Months DAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD Month May Day Year 1965
oges 1, 2, th form th form State De pa	coul	BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH 11ry) Maryland USA WIDOWED DIVORCED Kent A
the fee	0	TI. NAME OF HOSPITAL OR INSTITUTION (If not in hospital life, even if retired.) Ti. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 126. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 127. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)
hours after Item 18 GO Office olone I and 2 with ofter death.	0	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before dmission) STATE Md. 13b. COUNTKent Chedical YES NO 2 13c. STREET AND NUMBER YES NO 2
I hours Office Office ofter d	14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Levi Gland Elsie Turner
d within 24 in pencil in Examiner's File pages n 72 hours	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT With any war or dates of service) 218-16-7182 Mrs. Elsie Gland Chestertewn. Md.
VER: This certificate should be executed within 24 certificate, writing the word "pending" in pencil in hould be forworded to the Chief Medical Examiner's lles. should be used as a buriol-transit permit. File pages tion, or removal, and in any event within 72 hours		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bullet wound of head(Entrance in rt orbit) SHOTE APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH SHOTE ORDITATION APPROXIMATE INTERVAL APPROXIMATE INTERVAL SHOTE ORDITATION APPROXIMATE INTERVAL
should be ex te word "pend to the Chief M buriol-tronsit p		Conditions, if ony, which gove rise to immediate couse (o), the time the underlying cours. DUE TO, OR AS A CONSEQUENCE OF with resultant brain injuries (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
ertificate should writing the word worded to the Ch sed os a buriol-tra loval, ond in ony		stoting the underlying couse (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
certificate writing th provarded t used os a noval, and	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T(U)
This certificate ficate, writing the be forworded to d be used as a bor removal, and	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES \(\text{NO} \)
NER: This certificate, hould be fo files. should be used to should be used to should be used to be	MEDICAL CER	216. EXTERNAL CAUSE WAS PRIMARY A OR CONTRIBUTING CAUSE OF DEATH 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 217. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) See above
3 + 5 6	WE	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, while at work at wor
se exect ctor. Pa ned for ECTOR: buriol,		22a. I certify that I taak charge af the remains described abave, held an Autopsy, Inspection, Inquiry, and in my apinia death resulted fram: Natural causes, Accident, Suicide, Hamicide
DEPUTY Cessory, pleose execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page salth prior to buriol, crem		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED May 24, 1969
o DEPUTY necessory, p the funerol 5 moy be r o FUNERAL Health price		EXAMINER'S NAME (Type) ROBERT W. FARR DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, Clauses tertown, Md.
necesso the fun 5 moy 10 FUNE Health	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	I	BREMOVAL (Specify) 5/29/69 Janes Wethodist Cem. Chestertown Kent Nd. ADDRESS 250. REC D. BY SEGISTRAR C. C. 25b. REGISTRAR'S SIGNATURE 250. REC D. BY SEGISTRAR C. C. 25b. REGISTRAR'S SIGNATURE ADDRESS
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s f		CERTI	21a. ACCIDENT WAS UNDERLYI	NG 21b. TIME OF INJ	URY	21c. HOW	INJURY OCCURRE		of injury in Par	rt 1 or Port 2,	Item 1B.)	
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oe d	-		220. I certify that (I) (the saw the deceased of	nis hospital) ottend	ed the decease	d fram//	ray 20	1969.	to My	25 , 19	69_, that	(I) (we) la:
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3 showith	1	6	22b. SIGNATURE	dy to	g ma	Decore	ATTENDING	MED. DIRECTOR	STAFF		DATE SIGNED	a
age	THOS.		22d. PHYSICIAN'S	C INDO	11/	DEGREE	PHYS. 22e. ADDRESS	DIRECTO	PHYS.	7	10010	1
d be			NAME (Type) No:	rbert C.	Nitsch,	M.D.	Rock	Hall,	Mary:	land	-Ver	
recto		23a.	BURIAL, CREMATION, 23b. REMOVAL (Specify)	DATE	23c. NAME OF C				LOCATION (City		(County)	(State)
J. D.	0		FUNERAL DIRECTOR	1AY 29	○ Mesle	y Char		. REC'D BY REGI	ock Ha	11 . b. REGISTRAR	SCIGNATION	Md.
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1						DEPARIMENT OF				
-	11-		06993	DIVISION OF VITAL		RESTON STREET, BALL	IMORE, MAI	RYLAND 21201	069	80
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	death.		CEASED-NAME First ype ar print) E	Bernard	Mag Mag	rogan	May	20, 1969	Yeor	2b. HOUR A
	after the fur iges 1 s after	3. SE	male	4. RACE Whi	te	S. DATE OF BIRTH May 13, 1	908	6. AGE (In years last birthday) 6.1 YRS.	MONTHS DAYS	HOURS MIN.
•	be executed within 24 haurs after death and campletely filled in by the function e remave carban papers. Pages 1 and 1 in any event, within 72 hours after death	7o. l	BIRTHPLACE (Stote or foreign Maryland	7b. CITIZEN OF WHAT COUUSA	NTRY? 8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF Ken			Md.
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	requires that the death certificate to a physician. signed by the attending physician burial-transit permit. Then please a burial, crematian, ar removal, and	16a. Y	WAS DECEASED EVER IN U.S. ARM		OCIAL SECURITY NO. 17.	INFORMANT Mrs. Cathe		AWWrt	on, M	d.
	Then Then Mov		18. CAUSE OF DEATH (Enter only			11101 000110	Z ZIIC D	COOC	APPROXIA BETWEEN CI	MATE INTERVAL NSET AND DEATH
	eath indin nit. ar re		PART I. DEATH WAS CAUSED	DV . / L	timulan for	trillation			ron	niculy
	he death ce attending permit. Th	3	4123	DUE TO, OR AS A CO		7 : 1 -	+ 0 11		-11	
	the the national transitional t		Canditians, if any, which gave rise to immediate couse (o),	(b) DUE TO, OR AS A CO	Carmay C	raysolul	ic CVA	ω,	2120	us
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1/2	AN: The law requires the of a catending physician icate has been signed by far use as the burial-traited the lates the burial cree.	CERTIFICATION	19o. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPE	RATION WAS PERFORMED	20a. AUTOPSY? YES NO	CALICE	F YES, WERE FINDINGS CO S OF DEATH?	NSIDERED IN CE	RTIFYING
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	PHYSICIAN he haspital this certifical etached fau Dept. af He	ME	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT HOME	E, FARM, STREET, FACTORY.) 21f. [BUILDING, ETC.	OCATION Street or R.F.D. No		ar Tawn	County	Stote
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerpage 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a director, page 3 should be detached far use as the burial-transit permit. Then please remained be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any		22a. I certify that (I) (thi saw the deceased al causes stated abave	s haspital) attended ive an 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	the deceased fram 1969, ar	nd that in (my) (aur) ap death.	Z, ta pinian death	accurred an the da	te and haur	(I) (we) last and fram the
	OR ATENDIN be retained by DIRECTOR: After ge 3 should be led with the Stat		22b. SIGNATURE	12/2			MED. DIRECTOR	STAFF PHYS. 22c. D	5/20	/69
	FITAL T may be ERAL D			ert W. Far	r	22e. ADDRESS Chester	rtown,	Md. 216	20 80	
	TO HOSPITAL (Page 4 may b TO FUNERAL D director, page should be file	230.	BURIAL, CREMATION, 23b. D BURYALSpe Ty) 5/2	2/69	23c NAME OF CEMETERY OF Church Hil	r Catholic		ON (City or Town) Church H	ill, 1	Md.
	VR A13 4 30M REV. 168	24.	FUNTERAL DIRECTOR LISE (Della C	hestertown	, Md. 2So. REC'D	P 2 3 RAP S	16925b. REGISTARS	SIGNATURIAN	ye.

and and

	1			D STATE DEPARTMENT OF		
1		06994 D		301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
T				CERTIFICATE OF DEATH		06990
. 2 ·	ei i	1. DECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
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rer deoth	Je.	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
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tho on. by	cren	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	+		0
quires the physicion. signed by burial-tra	ial,	last.	(c)			
ATTENDING PHYSICIAN: The law requires that the death certificate stained by the hospital or attending physician. CTOR: After this certificate has been signed by the ottending physicial should be detached for use as the burial-transit permit. Then pleas	par	PART 2. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
4: The law re or attending ite has been	2	NO.			Leat it up were the place of	CUCIDERED IN CERTIFICIA
e la tend tend s b	prio 🔿	19a. DATE OF OPERATION 19b. COI	NDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
The The Property of the Proper	£ 4	21a. ACCIDENT WAS UNDERLYING	TOW THE OF HIRDY	YES NO		4. 16.
AN. olo icot for	Нес		21b. TIME OF INJURY HOUR A.M. Month Doy Year	21c. HOW INJURY OCCURRED (Ent	er nature of injury in Part 1 or Port 2,	Item 18.)
HYSICIAI hospitol certifica	0	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	P.M.		63 7	6 1
ho ho toch	ept	While Nat while	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street or R.F.D. N	o. City ar Town	County State
de the	e l	at work at work	h:4-1\ -441-1 4h1	16 11- 3 10	/. O to 1444. 2 7_10	69 that /1\/\ loo
Affre Popularies	St	saw the deceased aliv	e an	ed from 11-3, 19 968, and that in (my) (aur) ap	pinion death accurred on the do	ite and hour and from the
OUL OUT	+	causes stated above, ((we) (did) (did nat) view the	bady after death.		
OR ATTEND be retained DIRECTOR: A e 3 should	¥ ×	22b. SIGNATURE	2:0	ATTENDING -	MED. STAFF 22c.	DATE SIGNED
Dis be	pa	A.C. Dick	M.D. aldice		MED. DIRECTOR PHYS. ### PHYS	-13-69
TAL AL Pog	e E	. 22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		
Page 4 may be retained by the hospital or attending physicion. To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after not be retained by the hospital or attending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fundirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1	ple				hestertown, Mo	
ege ege	hor	23a. BURIAL, CREMATION, 23b. DAT	23c. NAME OF	CEMETERY OR CREMATORY	23d. IDCATION (City or Town)	(County) (State)
5-5-	~ ^	24 FUNERAL DIRECTOR	25/69 Mus	fu tempy	By REGISTRAR 25b. REGISTRAR'S	SIGNATURE
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real a Linke Street and the second s Charles a cont Cose not see and a cose The transfer of the State of the transfer of t search steray. Similar the set The state of the s - King Dadrenger Commission was duing regions 19 -1- Ling 33 - -- 17 63 - -- 17 --W.C. DECKEN.O. CUELLIE STEELS Fleeberborn, andredsel2 ASSESSMENT OF THE PROPERTY OF